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ABSTRACT

Interest is growing in planning and implementing new systems of holding child and family services accountable for results. The Results-Based Accountability (RBA) Project at the Harvard Family Research Project (HFRP) has supported and built upon recent state efforts to develop these new accountability systems for child and family services. The RBA reports, including this case study, are intended to help share insights and experiences in designing and implementing RBA systems. This report on RBA in Vermont begins with a brief overview, which summarizes the key points in the case study. A section of sociodemographic information and information about the state's governance structure directs the reader to unique qualities of the state that have helped to influence its RBA work. A timeline of the most critical events in the design and implementation of RBA efforts is included, along with a list of the key terms and concepts used in the state. Each separate RBA effort is described in detail, including its history and impetus, those who initially sponsored the effort, and the legal mechanism behind the effort. In addition, the early champions and actors involved in each effort and the funding sources and resources that support the effort are noted, and the governance and coordination between this effort and any others that may exist are described. The design and implementation of each effort are also described in detail. This includes information about the planning of the effort; the selection of goals, indicators, and targets; the collection of data; and the ways in which stakeholders were involved. The report describes the state infrastructure that supports the effort, such as staff, computer resources, and training. Where applicable, the report describes the way in which program evaluation links to the RBA effort. Each section also includes information about how each effort is being used; the uses include planning, citizen engagement, programming, budgeting and contracting, and communication. A list of key contacts is provided, and a final section describes in detail the objectives, scope, and methodology of the study. The

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report includes a table summarizing points of distinction among RBA efforts in the eight states studied. (EV)

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Aiming for Accountability:
Vermont.
Reaching Results

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AIMING FOR ACCOUNTABILITY:

VERMONT

Karen Horsch

Harvard Family Research Project
Cambridge, MA
1998

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HARVARD FAMILY RESEARCH PROJECT

Founded in 1983 by Dr. Heather Weiss, the Harvard Family Research Project (HFRP) is today at the center of a national movement to promote information regarding how states and communities are developing processes to improve and redesign child and family services and policies. HFRP's pathbreaking research provides practitioners, researchers, and policymakers with timely, insightful information about effective child and family services and policies.

Disseminating its research widely, HFRP links people, programs, ideas, and resources together to create innovative services and family-sustaining policies. HFRP's research helps states and communities create systems to monitor and assess programs and services. Using HFRP research and analysis, schools, agencies, and communities are learning about the best strategies for successful programming to improve child and family outcomes.

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AIMING FOR ACCOUNTABILITY:
VERMONT

INTRODUCTION 1
Background 1
What Is Results-Based Accountability? 1
Description of the Series 2
Audience 4
Format 4

OVERVIEW 7
Unique Features of Vermont's RBA Efforts 7
Summary of Vermont's RBA Efforts 7

VERMONT BACKGROUND INFORMATION 9
Sociodemographic and Economic Status 9
Political Context for Children and Families 9
Local Culture 10

TIMELINE 11

TERMS AND CONCEPTS 12

STATE TEAM FOR CHILDREN AND FAMILIES FOCUSES AGENCIES ON COLLABORATION AND RESULTS 13
History of the State Team 13
State Team Builds on Earlier Collaborative Efforts between Social Services and Education 13
The State Team Brings Together a Variety of Stakeholders 14
Process of Identifying Goals and Indicators 14
Broad Stakeholder Input Informs the Selection of Goals 14
State Team Identifies Three Tiers of Indicators 15
The Planning Division of AHS Has Responsibility for Data Collection and Compilation 15
AHS Reports Annually on Statewide Social Well-Being 16
Community Profiles Complement State-Wide Data 18
Use of Results Information 19
At the State Level, Results Information Helps Expand Inquiry and Make Decisions about Priorities 19
Vermont Is Exploring Options for Performance-Based Funding 20
Foundation Support and Community Initiative Foster Innovative Approaches to Accountability at the Local Level 20

SUCCESS BY SIX ENCOURAGES LOCAL AND STATE COLLABORATION 23
History of Success by Six 23
Success by Six Focuses Agencies on the Common Goal of School Readiness 23

THE DEPARTMENT OF EDUCATION HAS ESTABLISHED ITS OWN GOALS 25
Process of Identifying Goals and Indicators 25
DOE Begins with a Vision Statement 25
Consensus Used to Identify Indicators for School Results 26
Additional Assessments Are Intended to Provide More Outcome Information 26
Collecting Data Creates Challenges 27
Use of DOE Results Information 27
"Report Cards" Help Schools Turn Data into Action for Improved Results 27
Supreme Court Decision Changes Provision of Child and Family Services 28

CONCLUSION: VERMONT'S SUCCESS LIES IN LEADERSHIP AND RELATIONSHIPS 29

KEY CONTACTS 31

OBJECTIVES, SCOPE, AND METHODOLOGY 33
Objectives 33
Scope 33
Methodology 33

INTRODUCTION

Background

Interest in planning and implementing new systems of holding child and family services accountable for results is growing rapidly — presenting both opportunities and challenges for policymakers, practitioners, and program managers. The Results-Based Accountability (RBA) Project at the Harvard Family Research Project (HFRP) has supported and built upon recent state efforts to develop these new accountability systems for child and family services.

Recent changes in welfare — with increasing responsibility at the state and local levels — have implications for these new RBA efforts. With welfare reform, states will be challenged to provide effective and efficient services for children and families with fewer resources. States have been given increased flexibility in the administration of programs, and it seems likely that they will be held more accountable for program results. In turn, many states are giving counties increased flexibility in administering these programs and plan to hold local service agencies responsible for results.

Most states are in the early stages of planning and implementing their RBA efforts. However, given the recent devolution of welfare as well as changes in managed care, these new accountability systems appear to be here to stay. While states have many promising approaches, they are finding a need for avenues to share resources and experiences, to learn about these new systems, and to obtain information about pioneering states' efforts. HFRP's RBA reports, including this case study, are intended to help share insights and experiences in designing and implementing RBA systems.

What Is Results-Based Accountability?

Policymakers, service providers, and citizens use the term "results-based accountability" in many different ways. For some, this term refers to strategic planning with an emphasis on greater coordination of services around goals and desired results. For others, the term is used to imply a shift in responsibility from the federal to state and local levels and the corresponding reduction in regulation or "red tape" — that is, it refers to a replacement of "process regulations" (such as requiring certain credentials for foster care case workers) with a requirement for results data (such as reduced case loads). For others, the term is used to refer to data collection and reporting efforts.

At a minimum, the RBA efforts described in this report include the following four elements:

- Articulation of a vision about where the state or community would like to be;
- Development of goals and objectives;

- Public reporting of data on progress toward goals and objectives; and
- Regular use of RBA process and data.

Description of the Series

This case study report is part of a series of reports of state RBA efforts. The series includes eight state case studies and a cross-site analysis. The reports are designed to provide information about the design and implementation of the RBA systems in these states. In addition, each case highlights the state's unique lessons learned. The points of distinction of the RBA efforts in each of the eight states in the series are summarized in Table 1 below:

Table 1. Points of Distinction of State RBA Efforts

State	Points of Distinction
Florida	Florida's RBA efforts consist of three parts: statewide benchmarks, performance-based budgeting, and agency-level strategic planning. Several aspects of Florida's efforts are notable: • The active support and involvement by a variety of stakeholders, including the legislature and the private sector; • The strong focus on training and technical assistance in the state, provided by the Governor's Office of Planning and Budget and the legislatively-mandated Office of Program Policy Analysis and Government Accountability; and • The target budget approach used in the Florida Department of Children and Families, which identifies specific outcomes for the different populations the department serves.
Georgia	Georgia's RBA efforts include three parts: benchmarks for children and families, agency performance budgeting, and decentralization of some social services to the local level in exchange for a focus on results. In addition, the following characteristics distinguish the RBA efforts in Georgia: • The top-down and bottom-up approach to RBA, which focuses a variety of stakeholders on results; • The early support by foundations to enable an emphasis on meaningful, people-level results; • The climate of change that supports risk-taking and innovation; and • The establishment of mechanisms to address concerns about locally-determined strategies and accountability as well as statewide oversight.

Iowa	Iowa's RBA efforts consist of statewide measures, agency performance measures, and local-level measures. In addition, the following characteristics distinguish the Iowa case: • The use of public opinion polling, which has provided valuable citizen input; • The use of focus groups to enhance the RBA research process; and • Enterprise-wide strategic planning, which provides a framework for collaborative efforts among agencies to achieve common cross-site goals.
Minnesota	Minnesota's RBA efforts consist of statewide measures, child and family measures, agency performance measures, and local performance measures. The following characteristics also distinguish Minnesota: • The existence of multiple RBA efforts with differing origins and emphases, including the Executive Branch Minnesota Milestones, which focus on population-level goals and the legislature's performance accountability for state agencies; • The emphasis on "home grown" services, which leads to grassroots articulation and reporting of results data rather than a centralized RBA approach; and • The refinement of the Milestones and agency performance measures to build on lessons learned and to update the measures to reflect new priorities of the state's citizens.
North Carolina	North Carolina's RBA efforts consist of state agency performance budgeting, and a child and family initiative that focuses on results. In addition, the following characteristics in North Carolina are of note: • The role of the budget and planning offices in training, collecting, and analyzing performance budget data; • The political context in which the child and family initiative has been implemented and the way in which data have been used to expand this initiative; and • The quasi-experimental evaluation design used to measure the success of the child and family services initiative.
Ohio	Ohio's RBA efforts consist of a statewide framework for child and family services, decentralization of social services to the local level in exchange for a focus on results, and a state block grant and a new program that focus child and family services on results. In addition, the following elements in Ohio are noteworthy: • The strong commitment of the governor in supporting results-oriented child and family services; • Comprehensive planning efforts designed to streamline government services by focusing on results; • The greater flexibility given to county Councils in exchange for accountability that focuses on results; and • The messages from the state to the counties regarding state expectations to focus on results.

Oregon	Oregon's RBA efforts consist of a statewide framework for results, agency performance measures, and local measures. In addition, the following characteristics distinguish the efforts in Oregon: • The way in which Oregon has relied on champions as a critical element for success. Leaders in key places — the executive branch, legislature, and private sector — have all been key to the penetration of the concept of the Oregon Benchmarks; • The power of well-trained, highly qualified staff at all levels, which has been critical in designing the RBA effort; • The requirement that the benchmarks and strategic plans be revisited on a regular basis; • Citizen involvement as an element in the success of the RBA effort; and • The continuity of support for RBA efforts at all levels of involvement.
Vermont	Vermont's RBA efforts consist of a framework for child and family outcomes, a Department of Education (DOE) outcomes framework, and measures produced by the Agency of Human Services and the DOE. In addition, the following characteristics are significant: • The importance of establishing relationships and knowing key actors in the design and implementation of the effort; • The small size of the state, which creates relative ease in involving all stakeholders in the efforts; and • The importance of foundation funding and technical assistance in establishing the RBA framework and allowing the state to be creative in using resources to implement RBA.

Audience

This case study report is part of our larger effort to disseminate information about RBA initiatives in states. The report is targeted to those responsible for designing and implementing RBA efforts for child and family services. As such, the cases include details about the history, design, implementation, and uses of each effort that could assist in designing and implementing similar efforts.

Format

Overview of Vermont

The report begins with a brief overview, which summarizes the key points in the case study.

Vermont Context

A section of sociodemographic information and information about the state's governance structure directs the reader to unique qualities of the state that have helped to influence its RBA work. In addition, a description of the history and state/local culture provides details about the environment.

Timeline
The report includes a timeline of the most critical events in the design and implementation of the RBA efforts.

Terms and Concepts
A list of the key terms and concepts used in the state is included. Currently no standard set of definitions of RBA terms exists. States use similar terms for different concepts, and different terms for similar concepts. Additionally, we provide a list of acronyms specific to each state's RBA efforts.

Description of Each of Vermont's RBA Efforts
Each separate RBA effort is described in detail in the case study. Each of these separate efforts is described in bold and begins a new chapter. Each section begins with a description of the history and impetus of the effort, including a description of those who initially sponsored the effort (such as the governor, legislature, or agency). We also describe the legal mechanism behind the effort (such as executive order, legislative mandate, etc.). In addition, the early champions and actors involved in each effort and the funding sources and resources that support the effort are noted. We also describe the governance and coordination between this effort and any others that may be in existence in the state.

The design and implementation of each effort are also described in detail. We include information about the planning of the effort (including a description of strategic planning efforts); the selection of goals, indicators, and targets; the collection of data; and the ways in which stakeholders were involved. In addition, we describe the state "infrastructure" that supports the effort, such as staff, computer resources, and training. Finally, where applicable, we describe the way in which program evaluation — specifically outcome evaluation efforts — links to the RBA effort.

Each section also includes information about how each effort is being used. The uses include planning, citizen engagement, programming, budgeting and contracting, and communication. In certain instances, the uses have yet to be determined.

Key Contacts
A list of key contacts familiar with different aspects of the effort is provided. This list is included in order to direct the reader to the experts who are most knowledgeable about many of the details for this report.

Objectives, Scope, and Methodology
This section explains in detail the objectives of the study, the methodology used, and the range of states included in the series.

OVERVIEW

Unique Features of Vermont's RBA Efforts

Vermont, the smallest state in HFRP's study, provides a useful example of how a small-scale effort can be very successful. The state has developed a system to enable it to make decisions about programs and report publicly on the status of the social well-being of the state and communities, in the areas of health, social services, and education. Several aspects of Vermont's effort are worth noting:

- The importance of establishing relationships and knowing key actors in the design and implementation of the effort;
- The small size of the state, which creates relative ease in involving all stakeholders in the efforts; and
- The importance of foundation funding and technical assistance in establishing the RBA framework and allowing the state to be creative in using resources to implement RBA.

Summary of Vermont's RBA Efforts

The Vermont State Team for Children and Families' RBA Focus: The Vermont State Team for Children and Families, established in 1994, is responsible for creating better coordinated services for children and families in the state. It has developed a set of goals and measures that cut across all programs serving children and families in the state. It also works to develop effective strategies to support regional teams and communities serving children and families. Through a deliberate and inclusive process, the State Team has identified nine desired outcomes for child and family programs in the state and has developed a three-tiered system of indicators, collected at the state and local levels, to help determine if results have been achieved.

Responsibility for collecting and reporting on the indicators identified by the State Team falls to the Agency of Human Service's (AHS) Planning Division. This office annually collects the data and produces a report, *The Social Well-being of Vermonters*. AHS complements this report with Community Profiles, which examine largely similar indicators at the community level. This is done in an effort to help communities learn about what they are doing and to work with their communities to improve results.

Vermont is working on different ways to use the results information it is collecting. It has used the information to respond to legislative requests for information in a comprehensive and innovative way. AHS also uses the data in collaboration with the Department of Education (DOE) to examine needs and priorities. Through foundation support at the local level, several Vermont communities are engaged in innovative approaches to using performance information.

Finally, AHS is trying to establish an incentive system to help communities to improve their performance through a peer mentoring approach and a provision which allows them to retain a portion of their savings.

Success by Six: One important component of the state's child and family services accountability work is the Success by Six initiative. This initiative provides a framework to help local services organizations and providers to focus on the common goal of ensuring that children are healthy and ready to learn by the time they reach kindergarten.

Department of Education's RBA Focus: In addition to the work it does jointly with AHS, DOE has established its own organizational goals, within the broad vision of "high skills for every student — no exceptions, no excuses."[1] This framework includes indicators that form the basis of school "report cards." Since 1992, the report cards have been providing school personnel, parents, and the community with school-level results information. The report cards are intended to motivate local schools and communities to take action to improve education. This information is becoming increasingly important as the state Supreme Court recently ruled that the former state system of financing education was unconstitutional.

[1] In June 1998, The Board of Education changed this to "Everybody is best every day."

VERMONT BACKGROUND INFORMATION

Sociodemographic and Economic Status [2]

In 1995, Vermont had a population of 585,000. According to those statistics, Vermont was a predominantly Caucasian state; 98 percent of its residents were Caucasian. Based on 1990 census data, 3.2 percent of Vermont's residents were immigrants; 57 percent of Vermont's population was born in the state. Twenty-five percent of Vermont's residents were under the age of 18, which was just lower than the national average of 26.2 percent.

In 1995, Vermont's per capita income was $21,231; the median income of families with children was $38,300. In that same year, 10.3 percent of the state's population had incomes that fell below the federal poverty line. While this was lower than the national average of 13.8 percent, it reflected an increase of 2.7 points over the previous year. Only 13 percent of all children under the age of 18 lived in poverty, compared to the national average of 20.8 percent. Unemployment in Vermont was 4.5 percent, which was below the U.S. rate of 5.3 percent, ranking Vermont 31st in statewide unemployment.

Political Context for Children and Families[3]

Vermont has a predominantly Democratic legislature. Its governor, Howard Dean, M.D. (D), has been in office since 1991; both the House and Senate are controlled by the Democratic party as well. Vermont's legislature is considered to be part-time[4]; it meets in odd-numbered years, and divides to meet in even-numbered years as well. There are no term limits, either for the governor, or for the state legislature.

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[2] Information for this section was obtained from the following sources: Morgan, K.O., and Morgan, S. (1997). *State rankings, 1997: A statistical overview of the 50 United States*. Lawrence, KS: Morgan Quinto Press; U.S. Bureau of the Census, *Current population survey* and *state poverty rates,* online at www.census.gov; U.S. Department of Labor. *Bureau of Labor Statistics*; *Statistical abstract of the United States, 1996.* Washington, DC: Bureau of the Census, U.S. Department of Commerce, Economics and Statistics Administration. (116th Edition); *KIDS COUNT data book: State profiles of child well-being.* (1997). Baltimore, MD: Annie E. Casey Foundation. Most data are from 1995. Data from the *KIDS COUNT data book* reflect the condition of children and families in 1994.

[3] Information for this section was obtained from multiple sources, including: *The book of states, 1996-1997.* Lexington, KY: The Council of State Government; U.S. Term Limits, online at www.termlimits.org; and interviews with members of state, county, and local officials.

[4] Defined by Karl Kurtz of the National Conference of State Legislatures as having low pay, a small staff, and high turnover. National conference of State Legislatures. See *Understanding the diversity of American state legislatures, extension of remarks.* (June 1992).

In general, county governments in Vermont have very limited functions; most programs are administered at the state level, including programs for children and families. Notable exceptions are programs that involve the police and the courts; these two entities are administered at the county level.

Vermont ranks 4th based on a composite ranking of indicators of child well-being.[5] Table 4, a selected listing of child risk factors, illustrates this rating.

Table 4. Child Risk Factors

Rating	Year	State	U.S.
% of two-year olds who were immunized	1995	88%	75%
% of children in extreme poverty (below 50% FPL)	1994	3%	9%
% of 4th grade students who scored below basic reading level	1994	NA	41%
% of 4th grade students who scored below basic math level	1996	33%	38%
% of low birth-weight babies	1994	6.0%	7.3%
% of teen birth rate (births per 1,000 females ages 15-17)	1994	17%	38%

Local Culture [6]

Vermont is the least populated state east of the Mississippi, and the most rural state in the country. Two-thirds of its population lives in towns of 2,500 or fewer; only two cities in the state have populations greater than 15,000. Despite its rural characteristics, Vermont's primary source of revenue is industry, with tourism being its second largest source.

There are a number of unique features that distinguish Vermont from other states and that have influenced the development of its RBA efforts. Despite its current Democratic legislature, Vermont is historically a Republican state. Its citizens are noted for their independence, as well as their preference for traditional values and lifestyles. While counties exist as a useful boundary to delineate service districts, county governments in Vermont are insignificant.

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[5] *KIDS COUNT data book: State profiles of child well-being.* (1997). Baltimore, MD: Annie E. Casey Foundation.

[6] Information for this section was compiled from Encyclopeadia Britannica Online, Encyclopedia Americana, and Elazar, D.J. (1984). *American federalism: A view from the states* (3rd ed.). New York, NY: Crowell; as well as from key informant interviews.

TIMELINE

1985:
- Agency of Human Services (AHS) and the Department of Education (DOE) establish the Children and Adolescent Service System Project

1990:
- Legislature requires AHS and DOE to develop an integrated approach to prevention services

1991:
- Legislature authorizes Success by Six

1992:
- Department of Education begins issuing annual school-specific "Report Cards"

1993:
- AHS and DOE draft a joint vision statement
- AHS begins publishing *The Social Well-Being of Vermonters*

1994:
- State Team for Children and Families established

1995:
- AHS begins publishing annual Community Profiles

1996:
- State Supreme Court rules that state system for funding education is unconstitutional

TERMS AND CONCEPTS

Currently no standard set of definitions of RBA terms exists. States use similar terms for different concepts, and different terms for similar concepts. Table 3 describes the terms and concepts used by Vermont. Table 4 summarizes the acronyms used in this report.

Table 2. Key Concepts

Vision: Conceptual image of core values
Outcome/Goal: Desired long-term condition of well-being for children, families, or communities
Indicator: Quantifiable measure of progress toward desired condition of well-being

Table 3. Key Acronyms

AHS:	Agency of Human Services
CASSP:	Children and Adolescent Service System Project
DOE:	Department of Education
RBA:	Results-Based Accountability

STATE TEAM FOR CHILDREN AND FAMILIES FOCUSES AGENCIES ON COLLABORATION AND RESULTS

The Vermont State Team for Children and Families, established in 1994, is responsible for creating better coordinated services for children and families in the state. The mission of the State Team is "to support the creation and maintenance of effective services for children and families through partnerships with families and communities."[7] One of its goals has been to develop goals and measures of progress that cut across all programs serving children and families. The State Team has also worked to develop effective strategies to support regional teams and communities in serving families and their children.

History of the State Team

State Team Builds on Earlier Collaborative Efforts between Social Services and Education
The idea of agency collaboration serving children and families began before the development of the State Team. The Vermont Agency of Human Services (AHS) and the Vermont Department of Education (DOE) have developed informal collaboration agreements with one another and with various other agencies. Collaboration between AHS and DOE dates back to the 1980s, when the Vermont legislature required that the two agencies integrate services for children with special needs, particularly those with behavioral and emotional disorders. The directors of these agencies developed the Children and Adolescent Service System Project (CASSP) in 1985. This project involved a broad range of consumers, parents, and public and private sector providers in developing an interdisciplinary system of care for children with severe emotional disturbances and their families. Subsequent to this, Rick Mills (Commissioner of DOE) and Cornelius "Con" Hogan (Secretary of AHS) encouraged further collaboration. In 1990, the legislature broadened the scope of the collaboration and required the two agencies to develop an integrated approach to prevention services. In 1993, these two agencies began planning results-based collaborative initiatives for their own agencies and with each other.

In 1993, AHS and DOE drafted a joint vision statement:

- Vermonters are competent, caring, productive, and responsive citizens, committed to lifelong learning, who contribute value to their families and communities;
- Families have primary responsibility for their children's physical, mental, and social development;
- Communities support families by joining with state and local government to create a unified system of education, health, and social services that are high quality and respect the diversity, uniqueness, strengths, and potential of individuals, families, schools, and communities; and

[7] "To work in partnership with communities to improve the well-being of children, families, and individuals" is the mission as of January 1998. This focus is not just on services.

- These services are school- and community-based, easily accessible, and family-centered, aimed at promoting self-sufficiency, oriented toward prevention, and focused on the safety and well-being of Vermont citizens, especially its children.

This vision statement was developed and drafted by managers from both agencies and jointly presented to local districts. It is included in each agency's budget recommendations and provides the framework for the agencies' joint budget presentations to the legislature.

The State Team Brings Together a Variety of Stakeholders

The State Team for Children and Families was established in 1994 in response to Secretary Hogan's and Commissioner Mills' calls for coordinated services for children and families. The Team includes division directors of state agencies that serve children and families, state-level coordinators of interagency teams, community representatives, directors of several major family service and advocacy organizations, and parents. The State Team, with the strong support of leaders from AHS and DOE, has developed goals and measures of progress which cut across all programs serving children and families and has worked to develop effective strategies to support regional teams and communities in their child and family activities. These strategies include policies that enable the achievement of desired outcomes, targeted investment of resources, and the development of creative funding sources and mechanisms. The State Team also works to provide local entities with connections to technical assistance, data collection and analysis support, and information about best practices and leadership development.

Process of Identifying Goals and Indicators

Broad Stakeholder Input Informs the Selection of Goals

The State Team began the process of identifying outcomes by asking: What do we want to achieve; what do we want to avoid; and what groups in DOE, AHS, as well as other agencies, do we need to include? Members also researched the efforts of other states to learn about their efforts. The Team initially identified three broad desired outcomes and a provisional set of indicators. It solicited feedback from about 5,000 individuals from various organizations, including policymakers, state government staff, and people involved with advocacy groups, nonprofits, and community-based entities. Based on this feedback, the Team, specifically the Outcomes and Indicators Committee, finalized a list of 40-50 indicators and three broad outcomes to be achieved. Realizing that such a large number of indicators for so few outcomes could be unwieldy, and on the recommendation of Mark Friedman, a consultant funded by the Annie E. Casey Foundation, the Team refined the desired outcomes to include the following nine:

- Families, youth, and citizens are part of their community's planning, decision-making, and evaluation;
- Pregnant women and newborns thrive;
- Infants and children thrive;
- Children are ready for school;

- Children succeed in school;
- Children live in stable, supported families;
- Youth choose healthy behaviors;
- Youth successfully transition to adulthood; and
- Families and individuals live in safe and supportive communities.

State Team Identifies Three Tiers of Indicators
Each of the nine outcomes has accompanying indicators for which data are collected and reported annually. The Outcomes and Indicators Committee has developed a three-tiered set of indicators. Tier One indicators are those such as infant mortality and low birthweight, collected at the state level, which provide broad information on the outcomes. Data for most of these indicators are already available. Tier Two indicators are also indicators that are collected statewide, but they provide greater detail; data for some of these are not currently available. An example of a Tier Two indicator is the incidence of domestic violence, which, although generally reported, is not considered accurate. Finally, Tier Three indicators are indicators developed by individual communities or regional partnerships. These indicators often include those related to capacity, such as the number of available and working mentors.

Identifying indicators involved more than determining what should be measured and what instruments are available to measure them. According to one member of the State Team, identifying indicators required making a commitment to the fundamental changes that a performance orientation requires; developing a process by which to gain feedback from a broad range of stakeholders on an on-going basis; finding indicators that involve the community; and developing reporting formats that get the message out in multiple ways to people at a variety of different levels. Important to the process as well, several in the state note, has been the active involvement of both families and advocacy organizations as well as the strong input by communities.

The Planning Division of AHS Has Responsibility for Data Collection and Compilation
AHS's Planning Division, in conjunction with DOE, has responsibility for collecting data on the indicators identified for the statewide outcomes as well as producing a public report on the results. Data are collected in a variety of formats (paper, diskette, and e-mail) and from a variety of sources (departments, advocacy organizations, and communities). The small size of the state and the strong support of the Secretary have facilitated the extensive data sharing that occurs among agencies. For example, data on indicators such as immunizations, low birth weight, and other health measures are collected from the Health Department. Information on student performance, attendance, and so forth are reported by DOE. Data are also obtained from the U.S. decennial census.

While this approach has enabled the Planning Division to gather data on a large number of the Tier One indicators that the State Team has identified, there have been challenges. Even in a small state where many people know one another, building the relationships necessary to facilitate data exchange has taken time. Further complicating this is the fact that the state lacks a

collective management information system. Likewise, there have been technical problems such as matching data files, keeping up with software changes, and addressing concerns about inconsistencies in definitions and collection techniques. In some cases, because local communities are either uninterested in collecting data or are unable to do so, much of the data are still at the state level.

Vermont has been working to address some of these challenges. It has encouraged departments and agencies to overcome resource challenges by pooling money to combine data and by working toward better coordination of management information systems. The Success by Six initiative, which allows early intervention funds to be used to conduct evaluation work, (See section entitled *Success by Six Encourages Local and State Collaboration*) has also helped significantly in enabling communities and the state to gather information on results.

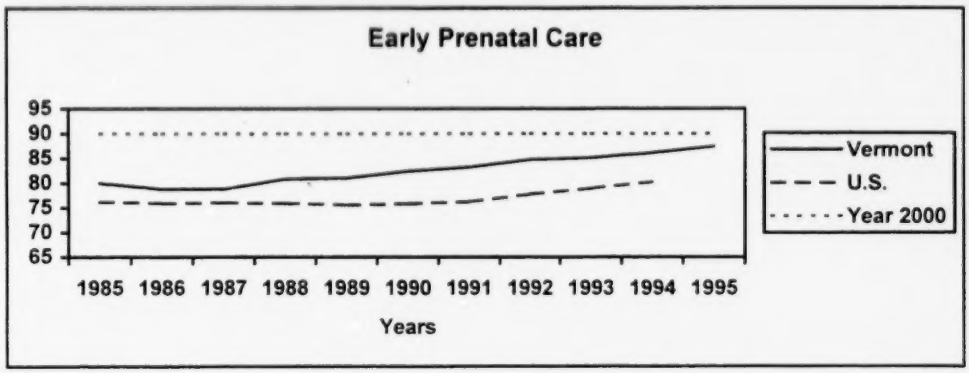
AHS Reports Annually on Statewide Social Well-Being

For six years, AHS has been reporting on the condition of Vermonters through its report, *The Social Well-Being of Vermonters*. In this report, AHS examines indicators in each of the nine outcome areas identified by the State Team. In order to determine where Vermont stands in relation to other states and the nation, the indicators are compared to national averages, figures from other states (to derive a state rank), and Vermont's figures from previous years. Table 5 illustrates a selection from this report.

Table 5. Selection from *The Social Well-Being of Vermonters*[8]

GOAL 2: PREGNANT WOMEN AND NEWBORNS THRIVE

Prenatal Care: Early, comprehensive prenatal care is one of the most important factors in ensuring a healthy pregnancy and birth. A goal of healthy Vermonters 2000 is to increase the proportion of pregnant women receiving first trimester care to 90%. In 1995, 87.4% of pregnant Vermonters started prenatal care within the first three months of pregnancy.[1] In 1994, Vermont's rate was 86.1%, compared to 80.2% for the nation, and Vermont ranked eighth best.[2]



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Vermont	80.0	78.8	78.8	80.8	81.0	82.4	83.2	84.7	85.1	86.1	87.4
U.S.	76.2	75.9	76.0	75.9	75.5	75.8	76.2	77.7	78.9	80.2	n/a
VT Rank ("1" is highest)								9	9	8	n/a

[1]Vermont Department of Health. Vital Statistics Data System. Burlington, VT, February 1997.
[2]Ventura, SJ, Martin, JA, Mathews, TJ, et.al. *Advance report of final natality statistics, 1994.* Hyattsville, MD: U.S. Department of Health and Human Services, Public Health Service, CDC, 1996. (MMWR; vol.44, no.11, suppl.).

AHS views the report as "a tool for honestly assessing our collective strengths and weaknesses, evaluating the results of programs, monitoring our progress toward goals, and identifying the challenges facing us now and in the future." AHS believes that having the best available data on the well-being of Vermont's citizens will help them to make better decisions in the face of reduced federal, state, and local resources for human services and supports.

[8]Agency of Human Services. (1997). *The social well-being of Vermonters.* Waterbury, VT: Author.

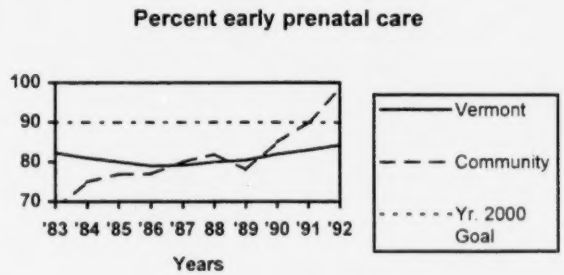
Community Profiles Complement State-Wide Data

Since 1995, AHS has also been compiling and publishing data on the well-being of its communities in its Community Profiles. The Community Profiles build on the statewide report, providi ig similar information for Vermont's different communities. The Community Profiles provide information to communities about how they are doing. They report a variety of information on a county-level as well as on a supervisory union level (supervisory unions cover middle and high school regions). Table 6 provides an example from Essex North Supervisory Union.

Table 6. Example from Essex North Supervisory Union [9]

Indicator: Percent early prenatal care (entry in 1st trimester)

	Vermont Number	Community Number	Vermont Rate	Community Rate	Healthy Vermonters Year 2000 Goal
Year: 1983	6,519	16	82.3	68.1	
Year: 1992	6,267	19	84.3	98.3	90.0



Note: All numbers and rates refer to the 3-year average around the named year.
* Rates are not calculated when number of events is 5 or fewer.

The Community Profiles were developed by the Outcome and Indicators Committee of the State Team and community partners, to report on the previously identified outcomes and indicators. This impetus for this level of reporting was a desire on the part of communities to know how they were doing. Today, data from Community Profiles enable the State Team and AHS to identify where good work is being accomplished and to identify areas where additional help is needed. In the latter cases, AHS tries to offer assistance, particularly by linking communities that are performing well, with programs with those which are performing less well.

[9] Agency of Human Services. (1995). *Community profile for the community served by Essex North Supervisory Union.* Waterbury, VT: Author.

Use of Results Information

At the State Level, Results Information Helps Expand Inquiry and Make Decisions about Priorities

Like many states, Vermont is still developing ways in which it can best use the information it is gathering and reporting. While it plans to continue exploring more options, it already has developed innovative methods at both the state and local levels.

One example of agency use of information demonstrates the potential of such information to alter thinking about allocation and policymaking. In response to the growing concern of principals and teachers about incidents caused by emotionally disturbed children in the schools, the legislature requested information from AHS programs helping these children. Specifically, the legislators wanted to know which programs were being funded for children experiencing emotional disturbances and how AHS was integrating the administration of services for these children.

The State Team began with these questions but wanted to use the data it had in order to go further. It identified three questions it believed were important to address: 1) What is the current state of seriously emotionally disturbed children in the state of Vermont? 2) How are these programs currently being coordinated and managed? and 3) What are some of the assumptions about the causes of these problems? By using data that were collected, the State Team was able to answer some of these vital questions. It was able to show how high percentages of these children drop out of high schools (which costs money in the long run), what the continuation of current trends would mean, how programs' different definitions of "emotionally disturbed" cause further difficulties, what policy reasons might exist for the current state of affairs, and what cost issues exist both in the long and short run.

The Secretary of AHS, likewise, has noted that in the five years since the production of the statewide report and in the two years since local reports have been produced, the legislature has also been influenced, "whereby the concept of investment has been incrementally and more readily accepted, resulting in a continuous and modest stream of investments ranging from the prevention investments in child care, transportation, education, training, and welfare reform, to continuous modest appropriations for Success by Six, which now become targeted at particular areas of the state where we need to improve specific indicators."[10]

DOE and AHS also use information to work together. For example, the DOE has used AHS data to examine whether special education costs are related to intensity of need. DOE examined variables, including child abuse and neglect, and data on families at risk, to see if there was a relationship between these variables and special education cost. They found that special education costs are related to the overall spending in the district. However, the AHS data

[10] Speech presented by Con Hogan, Secretary of AHS, at the annual meeting of Child Trends, April 28, 1997.

were very useful in helping DOE examine the question and determine the real factors related to special education costs.

AHS has also found that the publication of results data has had an influence on groups not usually interested in social policy. For example, staff note that civic organizations such as business roundtables and rotary clubs have taken an interest in the data, something they have not typically done in the past.

Vermont Is Exploring Options for Performance-Based Funding

Like many states, Vermont is exploring how to link results with funding decisions better and how to create incentives that promote accountability but also recognize that social services programs are extremely complex and the data can only tell so much.

One proposal AHS is considering in its work with communities is the creation of an incentive system that enables communities to retain a portion of their savings while at the same time encouraging more successful communities to help those who need help. AHS has allowed communities to retain a portion of the money they save for use in early intervention and prevention programs. The understanding, however, is that those communities must assist the communities which are not doing as well. This peer assistance is intended to encourage sharing of best practices and lessons learned. In addition, AHS will give a percentage of the money saved from exemplary communities to assist less successful ones. This approach represents AHS's strong belief that punitive measures probably will not work to improve results; rather, it is more important to focus on assets and provide support to those communities which need it most.

Foundation Support and Community Initiative Foster Innovative Approaches to Accountability at the Local Level

Vermont is unique among other states in several ways. One of these is the lack of an intermediary governance structure (such as a county structure) between state and local government. This has facilitated local innovation in accountability, largely within the framework established by the state agencies and the State Team. The combination of this climate of flexibility and the strategic support of foundations has enabled local communities to experiment with accountability innovations. The following are a few examples of these innovations.

- The Morrisville project is a local-level initiative, which is applying the concepts of Mark Friedman, a consultant funded by the Annie E. Casey Foundation. The community is working to build the capacity to train multidisciplinary service systems to focus on the whole family. A work group involving superintendents, district directors of state offices, directors of nonprofits, health, and mental health has developed outcome clusters, and identified three indicators per outcome, focusing on indicators which have communication power, proxy power, and reliability power.

- In the second year of the publication of the community-level reports, residents of the City of Barre realized that while their community was doing well in some areas, it was less successful in

others. For example, the data showed that while the state's child abuse numbers had gone down 30 percent in the prior four years, Barre's numbers were two times the average of the county within which it resides. Barre's teen pregnancy rate was three times the county average. The report resulted in a debate among members of the community, including service providers, elected officials, and business people, and has resulted in a focused effort to improve some of the indicators.[11]

[11] Speech presented by Con Hogan, Secretary of AHS, at the annual meeting of Child Trends, April 28, 1997.

SUCCESS BY SIX ENCOURAGES LOCAL AND STATE COLLABORATION

History of Success by Six

Success by Six Focuses Agencies on the Common Goal of School Readiness
In 1991, Vermont's legislature authorized several early education initiatives that began to institutionalize the process of interagency planning and program development. Two initiatives, Success by Six — targeted toward children entering school — and Success Beyond Six — targeted at helping school-aged children who receive mental health services — set the stage for Vermont to implement joint programs.[12]

The main goal of Success by Six is to provide a framework to help parents and local services organizations and providers focus on the common goal of ensuring that children are healthy and ready to learn by the time they reach kindergarten. Success by Six attempts to establish a climate and a framework for collaboration and cooperation among the many players in the local communities. It provides: a) an integrated programmatic umbrella for all the early education programs and federal maximization efforts; and b) small planning grants for local communities to develop integrated early education plans. Success by Six is typically administered at a county level, either led by a community organization or a school district. Initial funding required joint planning between AHS and DOE and in 1994, the legislature appropriated $800,000 in new state funds between AHS and DOE as line items in each agency's budget.

Success Beyond Six was authorized by the legislature in 1993 and uses Medicaid as a vehicle to enhance further the ties between the two agencies at the local and school district level. The School-Based Health Access Program was developed as the primary mechanism to operationalize the Success Beyond Six initiative. The program created a process to finance school health activities with federal Medicaid funds, thereby freeing up local money to reinvest in preventive and support services. Second, it expanded the Department of Health's Medicaid/Early Periodic Screening, Diagnosis, and Treatment capacity.

[12] Vermont's Success by Six program is a state-sponsored initiative. It is not related to the national Success by Six campaign sponsored by the United Way.

THE DEPARTMENT OF EDUCATION HAS ESTABLISHED ITS OWN GOALS

In addition to playing an important role on the State Team and working collaboratively with AHS to identify areas of common concern and programming, the Vermont DOE, a decentralized agency which covers 280 local school districts and 60 supervisory union districts serving 106,000 students, has established its own accountability mechanisms.

Process of Identifying Goals and Indicators

DOE Begins with a Vision Statement

In 1991, DOE engaged in a planning process to identify a vision and goals. It identified a vision of "high skills for every student — no exceptions, no excuses."[13] The department has articulated four goals designed to achieve the vision:

- Every child becomes a competent, caring, productive, and responsible citizen who is committed to learning throughout life;
- Restructure the education system to support very high performance for all students;
- Attract, support, and develop the most effective teachers and school leaders in the nation; and
- Parents, educators, students, and other citizens create powerful partnerships to support teaching and learning in every community.

DOE has identified eight strategies to help it meet these goals. These strategies are:

- Implement high standards for what students should know and be able to do;
- Transform learning experiences so that all students meet the standards;
- Measure, report, and use results in relation to Vermont standards;
- Manage for high performance at state and local levels;
- Reshape educational finance and governance;
- Fuel change with high quality professional development;
- Engage public support for the changes that are needed; and
- Provide children and their families the support they need to succeed.

DOE has also been in the process of implementing the common core of learning (curriculum guidelines and academic outcomes) for the past three years and is currently working on developing common data and student performance indicators such as school report cards and student portfolio assessments. These efforts have been complemented by work with the National Alliance for Restructuring Education, a national effort which offers a comprehensive, research-based design for schools and districts committed to standards-based education. The effort is

[13] In June 1998, The Board of Education changed this to "Everybody is best every day."

centered around five design tasks: standards and assessment; learning environments; community services and supports; high performance management; and parent and public engagement.

Consensus Used to Identify Indicators for School Results
Since the first report cards, DOE has collected information at the school level so that schools could find out how they were doing on an individual basis. It took approximately one year for the department to bring together a group of people representing local communities, look at the research and data available on school reporting, and determine the potential advantages/pitfalls. This group initially came up with 24 indicators, such as student participation, staff resources, risk factors (e.g., rates of child abuse), fiscal capacity of town, percentage of children in poverty, and relative rank in state. These indicators are updated annually by the Data Council. Currently, there are 34 indicators in four cluster areas: general school/staff information; student achievement; financial resources/expenditures; and risk factors. In developing the indicators which are included in the report card, DOE and the Data Council have tried to include information that has public appeal and for which trend and comparative data would be available. Staff note that the inclusion of indicators such as risk factors and the capacity to raise money are important to provide a contextual understanding for results and accountability.

In order to ensure accuracy of the information in the report cards, DOE has established mechanisms to allow schools to review and correct data. School report cards are first published on a private Web site, and principals and schools are offered the opportunity to review these and provide comments. Once comments have been received, the reports are available on a public Web site. DOE staff note that the comments they receive are often related to clarification of definitions and standards and corrections of mistakes.

Additional Assessments Are Intended to Provide More Outcome Information
Two DOE initiatives currently being planned would provide solid outcome data that could feed into the larger state efforts as well as education reform efforts. These initiatives are driven by the specific needs of the Department as well as the desire to have broader state-wide outcome data.

First, the state is planning a reading assessment of all second grade students as a critical benchmark. This benchmark will reflect the quality of services children have received in the earlier years. The developmental reading assessment for second graders was piloted in Spring 1997 and is currently being implemented.

The second effort the department is undertaking is a post-school survey in which a number of organizations in the state have come together to gather information on how students are doing after high school. A number of different agencies, including the Vermont Student Assistance Corporation (the state organization which oversees student loans) and community colleges, wanted common information about students. In addition, the federal government has mandated that the Vocational Education program provide post high school data. To address this information need, the state collects information on the aspirations of twelfth graders every year. Two years later, it collects information on what these students are doing post-high school graduation. DOE also plans to collect information on a sub-sample of these students five years

after their graduation. These data are disaggregated by student program. This helps the state learn about what happens to students who have been in the special education program.

Collecting Data Creates Challenges
As with any data-based accountability effort, collecting and reporting educational results has been challenging for DOE. Some of these challenges have included:

- Changing culture to focus more on data. Staff note that, whereas work in sectors such as health has long been science and information-based, education tends to be intuition- rather than data-driven. DOE staff have had to work with education professionals to help them become more interested and involved in data. This is a slow process but DOE staff note that it is an important one — the importance people place on data affects the accuracy of the data as well as their use. Staff note however, that data count more now than they have in the past and that educational personnel, such as teachers, do want to learn more about how to use data to help them in their work with students. DOE has recently published a manual on developing action plans for information use.
- Integrating data systems. The state is also struggling with the fact that current data collection is driven by what others want DOE to collect rather than what the agency itself would like to collect, and at present, there is no real integration of systems at the state and local levels. However, DOE is now in Phase II of a data integration plan, which will try to derive common definitions.
- Data accuracy. Staff cite concerns about the quality of the data and the consistency between data collected at different levels; these concerns are being addressed through work to integrate data systems and by increasing awareness and use of data among educational professionals.

Use of DOE Results Information

"Report Cards" Help Schools Turn Data into Action for Improved Results
Since 1992, DOE has used a comparative report (school report cards) on student results for each school in the state. Prior to this, DOE had very limited information on, for example, who was in special education, technical education, and so forth. Schools were unable to use these data because they were broken down by supervisory union — there are 385 schools in 60 supervisory unions, each of which has a superintendent — which made it difficult for schools to tell how they were really doing. The purpose of the report cards was to help schools "move from data to information to action to results" and learn where to direct their resources.

The first school report cards provided information such as dropout and attendance rates; percentage of students in different subjects; teacher demographics (e.g., advanced degrees, salaries, student-teacher ratios); per pupil expenditures; length of school year; and poverty rate (e.g., average median income level of mothers, number of students on subsidized lunch). These data were clustered by regions in the state that have similar levels of wealth. DOE was concerned, however, that these data could lead to inappropriate comparisons and tried to

minimize this occurrence by clustering similar regions. Over time, DOE has worked to collect data at the school level.

Through the report cards, DOE sought to facilitate local action on the basis of results. After the data were released in February 1998, the department sponsored a conference in which schools could learn how to use the data found in the reports. This was unsuccessful; the department's current approach is to give mini-grants to any school in the state that wants to turn their data into action. One set of schools doing this is that in the Champlain Valley Union, which has made a variety of efforts at public reporting, particularly around teenage drinking. Data are made available to the public and are used to bring the community together to have data-driven discussions about solutions.

Vermont has just completed its third year of publishing the report cards at the school level. The reports are available on the Internet at http://www.uvm.edu/~cdae/crs/deptofed.htm). Each year after the reports are disseminated, DOE sponsors a conference for school staff, which highlights good practices and information use.

Supreme Court Decision Changes Provision of Child and Family Services

In 1997, the Supreme Court of Vermont, ruling in the case of Brigham vs. State of Vermont, determined that the current method of funding education, through the property tax base, was unconstitutional. The state legislature responded to this ruling by legislating Act 60, which requires that schools provide equal education and that the Commissioner of Education ensure that Vermont's students are offered appropriate learning opportunities as determined by academic and civic standards that the state has developed. Districts are required to produce an annual report to their communities on how their students are doing. Additionally, the legislation requires that community planning groups be formed to work together to determine how to improve student results. DOE will use the current report cards as the mechanism by which to examine implementation of Act 60. It plans to increase the utility of the report cards by linking them more directly to community action plans and, by October 1998, will include a section in the report cards which responds directly to the Act 60 mandates.

Act 60 also requires that AHS and DOE present a joint budget to the legislature for programs that overlap the two agencies (largely, early education and school readiness programs), and the two agencies are currently working on this.

CONCLUSION: VERMONT'S SUCCESS LIES IN LEADERSHIP AND RELATIONSHIPS

Vermont has developed a system to enable it to make decisions about programs and report publicly on the status of the social well-being of the state and communities, in the areas of social services and education. This has been accomplished, many attest, because of the strong leadership residing in AHS and DOE as well as the support of communities: As one person notes, "there is strong support for this at the top and bottom." The information has been made available through printed documentation as well as electronically

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OBJECTIVES, SCOPE, AND METHODOLOGY

Objectives

The objective of this case study is to describe the design, development, and implementation of Vermont's RBA efforts, particularly those related to programs serving children and families. This report is directed toward people who are interested in learning about the efforts of this state and/or who may have a role in developing an RBA system in their own state, locality, or institution. The case study discusses the key RBA efforts in the state, the impetus for and history of these efforts, the governance structures, the design and implementation of these efforts (including the identification of goals, indicators, and targets), the current or proposed use of the systems, and some of the lessons learned.

Scope

HFRP has produced RBA case studies of eight states: Florida, Georgia, Iowa, Minnesota, North Carolina, Ohio, Oregon, and Vermont. The research for these case studies was conducted between January 1996 and November 1997.

Methodology

HFRP staff utilized qualitative data collection methodologies to gather the information included in these case studies. Staff began the selection of the eight states chosen for our case studies by contacting key informants from national organizations who have been working in the area of RBA. These key informants nominated a number of states that were currently planning, designing, and/or implementing RBA systems for child and family programs. HFRP staff then contacted staff in these states and reviewed documents to learn more about the nature of their efforts. Additionally, HFRP contacted staff in a number of other states to learn if they were engaged in the development of RBA systems for child and family programs and, if so, what the nature of efforts was. Based on this research, HFRP staff identified the efforts of eighteen states, which are highlighted in our publication, *Resource Guide of Results-Based Accountability Efforts: Profiles of Selected States (1997)*.

From the eighteen states profiled, HFRP selected eight states to study in-depth. The eight case study states were chosen because they represent different foci as well as various stages of development. These states are implementing a variety of accountability approaches, including statewide and agency-level strategic planning, performance-based budgeting, and performance-based contracting. Each state has conceptualized and developed its system in response to its needs, as well as the technical, organizational, and political constraints within which it operates.

To obtain information on each of the eight states' RBA efforts, HFRP staff reviewed a variety of documentation and conducted extensive telephone interviews with key informants at the state and local levels. Staff then conducted week-long site visits to each state. During each site

visit, staff interviewed a number of personnel from governors' offices, state and local agencies, legislatures, advocacy groups, and universities. During these interviews, interviewees were asked about the key aspects of the conceptualization, development, and implementation of RBA systems. They were also asked about challenges they faced in developing these efforts and the lessons that they had learned. Where possible, HFRP staff also attended planning meetings around RBA work. For each case study, HFRP interviewed at least 30 individuals with a variety of affiliations to obtain a comprehensive and varied view of the state's efforts.

Given the variety of RBA efforts in states, the multiple entities and actors involved, and the many components of these efforts, HFRP staff developed a multi-level analytic framework to examine the data. This framework enabled HFRP to code interview data by four categories: the system (for example, strategic planning, performance budgeting, performance contracting); the governance level (for example, statewide, inter-agency, agency, local entity); the aspect of the system (for example, history, design and implementation, uses, barriers and opportunities, sustainability); and the actor (for example, governor's staff; legislators/staff; agency staff; advocacy groups). In some cases, these dimensions were further refined. This multiple coding enabled HFRP staff to compile comprehensive descriptions of efforts in each state based on a variety of perspectives. This framework also enabled staff to examine a variety of cross-case themes (for example, the use of budgeting systems by legislatures across states and the processes agencies in different states have used to choose goals and indicators). A qualitative software package, NUD*IST®, facilitated analysis of the data.

We recognize that RBA systems are evolving and will continue to evolve in response to both implementation challenges and state and national policy changes. Therefore, we stress that the information contained in these case studies describes these states' RBA initiatives as of November 1997.

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